

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814

November 2, 1994

ALL-COUNTY LETTER NO. 94-92

TO: ALL COUNTY WELFARE DIRECTORS

-----  
REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
  - ☐ Federal Law or Regulation Change
  - ☒ Court Order
  - ☐ Clarification Requested by One or More Counties
  - ☐ Initiated by CDSS
- 
- 

SUBJECT: CEJA V. CARLSON Retroactive Implementation

REFERENCES: ACL 91-62, 91-68

Background:

The purpose of this letter is to provide the counties with instructions for the implementation of the Ceja v. Carlson Court order. On July 13, 1994, the Superior Court of San Mateo County approved an Order for the settlement of the retroactive portion of the Ceja Court case. The Ceja Court order required that the California Department of Social Services (CDSS) and its agents, the counties, cease using the Maximum Aid Payment differential formula in deeming income to children and family members of immigrants legalized under the Immigration Reform and Control Act of 1986.

As of August 1, 1991, counties were instructed in ACL 91-62 to only use the stepparent deeming income formula (Section 44-133.63) to deem income to these class members.

Identification:

Each of the following counties is to identify plaintiff class members who applied for or received AFDC in their county during the retroactive benefit period, using lists, other tracking mechanisms, case searches or other automated data searches: Santa Clara, San Mateo, San Diego, Sonoma, Tulare, Santa Cruz, Fresno, Solano, San Francisco, San Luis Obispo, Contra Costa, Placer, Alameda, Nevada, Marin, Yolo, Orange, Santa Barbara, Sacramento, and Los Angeles. If the information in the case file is sufficient to process a claim in these counties, benefits are to be paid without requiring potential class members to initiate a claim.

For those counties not named above, class members will be identified through a method of the county's choice but this choice must maximize the ability to notify class members. These other methods include but are not limited to (1) by case search

or (2) identification during the redetermination process. When administratively feasible, counties are to use a method which does not require the potential class member to come into the office in person to file a claim.

It is the county's responsibility to timely request necessary additional information from potential class members. Class members will have 30 days from the date of a request to provide the information.

#### Retroactive Period and Claim Period:

The retroactive period for the Ceja Court case is June 1988 through June 1991. The claim period for those counties who do not identify class members at redetermination will be 90 days commencing January 2, 1995. Counties choosing to identify class members at redetermination are to have a one year claim period commencing January 2, 1995. Potential class members identified during redetermination in the last quarter of the claim period will have 90 days from receiving the claim form to submit a completed claim.

Claim forms must be available in every county welfare office during the claim period. A reproducible copy of the Temp 2077 has been provided for this purpose. If the claim form is provided during a face to face interview, counties will assist the potential class member in filling out the form. Counties will provide a claim form to any potential claimant upon request.

All claims are to be approved or denied within 90 days of receipt of a completed claim. Counties which have a 90 day claim period will continue to accept claims and process requests if the claim has been referred from another county which is identifying class members during redetermination. In no case will a claim be paid if the claim was submitted to a county later than March 31, 1996.

#### Posters:

Posters informing the potential claimants about the possibility of retroactive benefits will follow under a separate cover letter on or about December 1, 1994. These Posters will be displayed in all County Welfare Offices and Food Stamp issuance outlets throughout the claim period appropriate for your county.

#### Media Campaign:

CDSS will launch a statewide media campaign to publicize the availability of retroactive benefits through Spanish language radio stations, press releases and newspapers during the claim period.

#### Notices of Action (NOA)s:

NOAs are attached to this letter. Counties will use these NOAs to approve, deny a claim, or request additional information.

Any member of the assistance unit (AU) during the retroactive period may make a claim for retroactive benefits. If the members of an AU make more than one claim for retroactive benefits for the same instance of eligibility, the county will pay the first legitimate claim made and deny any subsequent claims.

#### Underpayments/Overpayments:

Before issuing any retroactive payment, counties must review the case to confirm that class members do not have any existing overpayment(s). Retroactive benefits due and owing must be offset against any outstanding overpayments as required by MPP 44-340.42.

If any AU is found to have an overpayment due to the loss of the dependent disregard, the counties will use the normal procedure to recoup the overpayment.

#### Fiscal Claiming:

Ceja corrective underpayments are benefits eligible for Federal Financial Participation. Normal claiming procedures apply for these payments and standard sharing ratios will be used.

#### AFDC Treatment of Claims:

Retroactive benefits paid under the Ceja order are corrective underpayments and will not include interest. Corrective underpayments received as a result of the Ceja settlement will not be counted as income or property in the month received or the following month for the AFDC Program.

#### Food Stamp Impact:

For Food Stamp purposes, any retroactive corrective AFDC payments made to Food Stamp households pursuant to this court case, will be excluded from income MPP 63-502.2(j) and as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC MPP 63-501.3(o). However, these AFDC payments will be counted as a resource in the month received in accordance with MPP 63-501.111. If you have any questions about the impact of these AFDC payments on the Food Stamp program, please call Julie Andrews at (916) 654-1887.

#### Medi-Cal Impact:

For Medi-Cal purposes these retroactive payments are exempt from income in the month received for the purposes of determining

a beneficiary's Medi-Cal countable income, per section 50525, Title 22 California Code of Regulations, but are countable property in the month following the month of receipt for the purposes of determining Medi-Cal property eligibility. For questions regarding the impact of these payments on Medi-Cal income eligibility, contact Dave Rappolee at (916) 657-0163. For questions regarding the impact of these payments on Medi-Cal property eligibility, contact Ms. Sharyl Shanen-Raya at (916) 657-2942.

Statistical Reporting:

Counties are required to complete the attached statistical reports in order to comply with the Ceja Court Order.

CEJA A

1. Counties which use a method of identification other than a search at redetermination will submit a report to CDSS by August 31 1995, which details the following statistics:
  - a. the total number of claim forms given out;
  - b. the total number of completed claim forms received;
  - c. the total number of claims approved;
  - d. the total dollar amount of retroactive benefits paid out;
  - e. the total number of claims denied.


CEJA B

2. Counties which use a search during redetermination to identify potential class members will submit a report detailing the same information on the attached report no later than May 1, 1996.

If you have any questions about statistical reporting, please call Mr. Levy St Mary at (916) 653-5170 or CALNET (8) 453-5170.

If you have any questions about the Ceja Order or its implementation, please call Mr. Vincent Toolan at (916) 654-1808 or CALNET (8) 464-1808.

Sincerely,

  
MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Attachments

bc: Welfare Programs Division  
AFDC Program Branch  
P. Sutherland  
G. Brooks  
C. Minnich  
V. Toolan wpvtool/CEJA/imple3  
Subject File  
Bureau Chron  
Cir. Copy  
C. File

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

┌

└

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The county needs more facts on your CEJA v CARLSON claim dated \_\_\_\_\_.

- ☐ Fill in the circled parts of the attached claim form.
- ☐ You must send or bring the completed form back to us by \_\_\_\_\_.

If we do not have it by this date, your claim will be denied and you will not get back cash aid.

**Rules:** These rules apply; you may review them at your welfare office: MPP Ceja v Carlson

## To Ask For a State Hearing

- ## To Keep Your Same Benefits While You Wait For a Hearing

## To Have Your Benefits Cut Now

## To Get Help

### Other Information

## HOW TO ASK FOR A STATE HEARING

## HEARING REQUEST

Date: \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESSEE

┌

┐

└

┘

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We have denied your claim for back cash aid for the month of \_\_\_\_\_ dated \_\_\_\_\_.

## HERE'S WHY:

- ☐ You did not give us your claim by March 31, 1995.
- ☐ You did not give us your claim by January 31, 1996.
- ☐ You did not return a completed claim form by \_\_\_\_\_.
- ☐ You did not apply for cash aid from this county.
- ☐ You did not send the information we requested by \_\_\_\_\_.
- ☐ You must make your claim with the county where you applied for cash aid between June 1988 and June 1991.
- ☐ We have sent your claim to \_\_\_\_\_ county. You will get another notice from them.
- ☐ You did not have an Immigration Reform and Control Act (amnesty) alien living in your home.
- ☐ Other:

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply. You may review them at your welfare office: Ceja v Carlson



## To Ask For a State Hearing

- ## To Keep Your Same Benefits While You Wait For a Hearing

**You must ask for a hearing before the action takes place.**

- ## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid      ☐ Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department  
of \_\_\_\_\_ County about my

☐ Cash Aid    ☐ Food Stamps    ☐ Medi-Cal    ☐ Child Care

☐ Other (list) \_\_\_\_\_

**Here's why:** \_\_\_\_\_

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing.  
I give my permission for this person to see my records or come  
to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESSEE

┌

┐

└

┘

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county has approved your back cash aid of \$\_\_\_\_\_.

## HERE'S WHY:

A court says we counted too much income of a relative who lived with you but did not get cash aid. This relative was an Immigration Reform Control and Act (Amnesty) alien and lived with you sometime between June 1988 and June 1991. Because we counted too much of their money, you got less cash aid. This means you can now get back cash aid.

Your back cash aid is figured on this notice.

☐ A check will be sent soon.

☐ A check is enclosed.

If you get Food Stamps we will count your back Cash Aid as a resource.

☐ You will get another notice from Food Stamps.

## Monthly Cash Aid Amount

Your Countable Income in \_\_\_\_\_

(MONTH/YEAR)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
\$30 and 1/3 Disregard	- _____
Dependent Care Disregard	- _____
Other Countable Income (list sources)	_____
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Countable Income in \_\_\_\_\_

(MONTH/YEAR)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	\$ _____
Overpayment adjustment (separate page)	- _____
Maximum Aid for _____ Persons	\$ _____
Monthly Cash Aid Amount you should have gotten	\$ _____
Monthly Cash Aid Amount you got	- _____
Back Cash Aid Amount	\$ _____

**Rules:** These rules apply. You may review them at your welfare office: Ceja v Carlson

## To Ask For a State Hearing

- ## To Keep Your Same Benefits While You Wait For a Hearing

**You must ask for a hearing before the action takes place.**

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

## To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- ☐ Cash Aid      ☐ Food Stamps

## To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

### Other Information

**Child and/or Medical Support:** The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

**The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:**

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

## HEARING REQUEST

I want a hearing because of an action by the Welfare Department  
of \_\_\_\_\_ County about my

- ☐ Cash Aid    ☐ Food Stamps    ☐ Medi-Cal    ☐ Child Care  
☐ Other (list) \_\_\_\_\_

**Here's why:**

- ☐ Check here and add a page if you need more space.
- ☐ I want the person named below to represent me at this hearing.  
I give my permission for this person to see my records or come to the hearing for me.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

- ☐ I need a free interpreter.  
My language or dialect is: \_\_\_\_\_

My name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My case number: \_\_\_\_\_

My signature: \_\_\_\_\_

Date: \_\_\_\_\_

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

## DEEMED INCOME

	Income of an Unaided Parent, Child or Spouse of an Aided Child			Income of an Unaided Stepparent, Senior Parent, or Ineligible Alien Parent		
Name of Unaided Person:	_____	_____	_____	_____	_____	_____
Month:	_____	_____	_____	_____	_____	_____
Total Earned Income	\$ _____	_____	_____	\$ _____	_____	_____
Work Expense Disregard	- _____	_____	_____	- _____	_____	_____
Dependent Care Disregard	- _____	_____	_____		_____	_____
Other Countable Income (List Sources)						
_____	+	_____	_____	+	_____	_____
_____	+	_____	_____	+	_____	_____
_____	+	_____	_____	+	_____	_____
Court Ordered Support Paid	- _____	_____	_____		_____	_____
Support Paid to Child or Former Spouse				- _____	_____	_____
Support Paid to Other Dependents Not in the Home				- _____	_____	_____
Countable Income	=	=====	=====	=	=====	=====
Living Allowance for One Person	- _____	_____	_____		_____	_____
Basic Need for _____ Persons				- _____	_____	_____
Special Needs	- _____	_____	_____	- _____	_____	_____
Income to the Aided Family Members	\$	=====	=====	\$	=====	=====

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-133

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

## WELFARE MAY OWE YOU MONEY

Between June 1988 and June 1991 did any parent living in your home:

Yes No

- ☐ ☐ have legal resident status under the Immigration Reform and Control Act (Amnesty)?
- ☐ ☐ work or get other money while living with you?
- ☐ ☐ have money counted to lower your cash aid (AFDC)?

If you answered Yes to all three questions you may be eligible for extra cash aid. You must contact the county by \_\_\_\_\_ to ask for the extra cash aid. If you ask later than \_\_\_\_\_, you will not get the money. Another way to ask for Extra Cash Aid is to sign and take or mail this form to the county.

If you get extra cash aid it will not be counted against your AFDC grant.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

## STATISTICAL REPORT

## SEND ONE COPY TO:

Department of Social Services  
Information Services Bureau  
744 P Street, M.S. 12-81  
Sacramento, CA 95814  
(916) 653-4180

**Ceja v. Carlson A**

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

**August 31, 1995**

THIS REPORT IS:

☐

ORIGINAL SUBMISSION

☐SUBSEQUENT REPORT  
NO. \_\_\_\_\_☐

REVISION NO. \_\_\_\_\_

REPORTING PERIOD:

FROM: January 2, 1995

TO: May 31, 1995

1. Total number of claim forms provided.....
2. Total number of completed claim forms received.....
3. Total number of claims approved.....
4. Total dollar amount of retroactive benefits paid out.....
5. Total number of claims denied.....

\$

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

## STATISTICAL REPORT

## SEND ONE COPY TO:

Department of Social Services  
Information Services Bureau  
744 P Street, M.S. 12-81  
Sacramento, CA 95814  
(916) 653-4180

Ceja v. Carlson B

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

May 1, 1996

THIS REPORT IS:

☐

ORIGINAL SUBMISSION

☐SUBSEQUENT REPORT  
NO. \_\_\_\_\_☐

REVISION NO. \_\_\_\_\_

REPORTING PERIOD:

FROM: January 2, 1995

TO: January 1, 1996

1. Total number of claim forms provided.....
2. Total number of completed claim forms received.....
3. Total number of claims approved.....
4. Total dollar amount of retroactive benefits paid out.....
5. Total number of claims denied.....

\$

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE